



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

69

Attorney Docket Number

CDM/8488.9999

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee transmittal form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
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| <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosures (identify below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | PCT Notification of Transmittal of the International Search Report or the Declaration; International Search Report; 3 Citations; and a return acknowledgment postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of Cd(s) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks: | |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Charles D. McClung
Signature	
Date	April 14, 2004

CERTIFICATE OF TRANSMISSION/ MAILING

I hereby certify that, on the date shown below, this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Type or print name	Charles D. McClung		
Signature		Date	April 14, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT APPLICATION EXAMINING OPERATIONS

Applicant: Melnyk, Ivan Group Art Unit:
Serial No.: 10/712,451 Examiner:
Filed : 11/12/03 Atty. Dkt. No.: CDM/8488.9999
Title : FIBER OPTIC SENSING SYSTEM

INFORMATION DISCLOSURE STATEMENT
IN ACCORDANCE WITH 37 CFR §1.97(e)

1600 ODS Tower
601 S.W. Second Avenue
Portland, Oregon 97204-3157

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits herewith a listing of the patents or patent applications of which they are aware and which they desire to have considered by the Patent Office in accordance with 37 CFR §1.97(e).

In accordance with 37 CFR §1.97(h), the filing of this Information Disclosure Statement will not be regarded as an admission that any patent or publication or combination of patents referred to herein is, or is considered to be, material to patentability under 37 CFR §1.56(b) unless specifically designated as such.

Each item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. 37 C.F.R. §1.97(e)(1).

The person making this statement is the attorney who signs below on the basis of the information supplied by an individual designated in §1.56(c).

Respectfully submitted,

Charles D. McClung
Attorney for Applicants' Assignee
Tel.: (503) 227-5631



INFORMATION DISCLOSURE STATEMENT BY APPLICANT

 INFORMATION DISCLOSURE STATEMENT BY APPLICANT		<i>Complete If Known</i>	
		Application Number	10/712,449
		Filing Date	11/12/03
		First Named Inventor	Melniky, Ivan
		Art Unit	
		Examiner Name	
Sheet	1	of	2
Attorney's Docket No.			CDM/8488.9999

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
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Applicant is to place a check mark here if Eng' language translation is attached.

INFORMATION DISCLOSURE STATEMENT BY APPLICANT				<i>Complete If Known</i>	
				Application Number	
				Filing Date	
				First Named Inventor	
				Art Unit	
				Examiner Name	
Sheet	2	of	2	Attorney's Docket No.	

OTHER PRIOR ART-NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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Applicant is to place a check mark here if English language translation is attached.